

Claim Form

Please fill out, print and mail to:

Southern California Edison Company
P.O. Box 900
Rosemead, CA 91770

(800) 251-3311 – Fax (626) 569-2573
Website: www.sce.com/claims
Email: claims@sce.com

⇒ Click fields to enter information

Name: Last Name First Name		Spouse: Last Name First Name		E-mail Address:		
Home Telephone: ()		Work Telephone: ()		Cellular Telephone: ()		
Mailing Address:		Apt No. :	City:	State:	Zip Code:	
Incident Date:	Time:	Account #:	Incident Address, Street, City, State, Cross Street:			
DESCRIPTION OF INCIDENT: (Use additional paper if necessary)						
PROPERTY DAMAGE: If Edison accepts liability for your property damage claim, we will reimburse you for either the repair cost, replacement cost, or the actual cash value, <u>whichever is less</u> . Please provide us with copies of repair estimates, invoices, proofs of purchase, or other supporting documentation. For food spoilage, please include a separate itemized list with proofs of purchase. This is not an admission of liability or an indication that Southern California Edison Company is responsible for your damages.						
Make	Model No.	Date/Amount of Purchase	Repair Cost	Replace-ment Cost	Amount Claimed	COMPANY USE
PERSONAL INJURY: Other Losses (lost wages, lost revenue, medical expenses, etc.) . Use additional paper if necessary.						
Witnesses: (Name, Address, and Telephone) :				SCE		Other
Have you contacted your insurance carrier?		Name of Insurance Company and Claims Adjuster:			Telephone:	
Yes No						
Prepared by:				Date:		